PSYCHOANALYTIC CONTRIBUTIONS TO THE NOSOLOGY OF CHILDHOOD PSYCHIC DISORDERS

reported by
PETER B. NEUBAUER, M.D.

The panel on "An Examination of Nosology According to Psychoanalytic Concepts" at the Midwinter Meeting of 1959, resulted in leaving the door open for increased exploration and further discussion of the acknowledged inadequacies of the current nosological systems as they apply to the ordering of pathology in childhood. At this later time, it was agreed that the dissatisfaction with these systems continues to exist, and with it, an ever-increasing awareness of the difficulties involved in bringing about a conceptualization which would offer new methods in organizing emotional disorder. In this mutual expression of concern and discontent, the panel members of this Midwinter Meeting of 1962 fell natural heir to the challenge presented by the nosological enigma.

In attempting to deal categorically with the developmental conditions of childhood, one may anticipate greater hazards than those encountered in the formulation of a nosology for adults: at the same time, this panel appeared to have adopted an optimistic approach to the task of seeking out new advances to the problem of childhood nosology. The specific characteristic of childhood—the process of development—became the pivotal point of orientation around which a system of classification was to be built.

The papers addressed themselves to historical and theoretical questions and offered clinical material and new systems of nosology. One of the outstanding themes throughout was that of Anna Freud's propositions based on her efforts to contribute toward the assessment of normality and pathology.

Presented at the Fall Meeting of the American Psychoanalytic Association, New York, December, 1962. Chairman: Maurice R. Friend, M.D.

Maurice Friend, in the opening paper, "Psychoanalytic Conceptualization of Childhood Psychic Disturbances: Retrospect and Prospect," offered a comprehensive historical review and a precise formulation of the problem which this panel had to face. With a broad philosophical view, he tied the problem of nomenclature to the dialectic approach and the principles for the ordering of nature. He then proceeded to trace the history of psychoanalytic classification against the history of child psychiatry and analysis. It took child analysis until the late 1920s to come into its own. In the United States, the child guidance clinic movement, in connection with psychiatric social work under the leadership of Marion Kenworthy, David Levy, Bernard Glueck and others, has special import to this development. Only in 1933, did Brown, Pollock and Potter present a psychiatric classification of disorders in children. In 1935, Berta Bornstein's "Phobia in a Two-and-a-Half-Year-Old Child" was published in a special issue of the *Psychoanalytic Quarterly;* in 1945, Fenichel's book appeared. Friend emphasized the contributions of J. van Ophuijsen to the classification of childhood disorders. Based on psychoanalytic theory, van Ophuijsen differentiated the clinical pictures dependent on degree of internalization and differentiated preoedipal and oedipal disorders. His conceptualization was shifted from the hitherto descriptive nosology to a dynamic one which then permitted new criteria for the choice of treatment.

During the same period, a number of analysts were at work in Europe to bring light into the problem of juvenile delinquency by applying structural and genetic considerations for the understanding of this disorder formation. In this country, schizophrenia of childhood was described and intensively investigated. It was Glover, who in 1953 then took on the task of correlating clinical psychiatric observation and data from psychoanalytic treatment and psychoanalytic metapsychology.

Friend then expressed his "deepest concern about the dichotomy between clinical data and metapsychological formulation concerning the clinical picture and its reference to sociological factors." He continued, "I believe that while we stress the interpersonal and family relationship, we are dealing very poorly with what Hartmann has pointed out as the social compliance phenomena."

The attempts of Anthony, in his paper of last year, "The Classical Neurosis of Childhood," to differentiate the classical circumscribed infantile neurosis from the character neurosis, became an important reference point. In 1961, Clifford Scott presented a paper with Rangell and Zetzel, in which he stressed that classification should pay attention to normal and abnormal aspects of personality in order to assure a discussion with colleagues in other sciences. This led Friend to review Spitz's efforts to bring embryological analogies to the theory of development. He then outlined the steps Anna Freud undertook to arrive at her present diagnostic profile. Since the other members of the panel referred to Anna Freud's table of assessment of health

and pathology and to her diagnostic profile, I shall state it here in more detail. Since neither symptoms, inhibitions, nor anxieties are reliable guides to the assessment of mental health or illness in childhood, the capacity to develop progressively is the most significant factor determining the child's future.

Drive and ego development are followed by lines of development. At the time of diagnosis, the status of these developmental lines can be investigated by examining any one of the many situations in life which pose an immediate problem of mastery for the child. Anna Freud refers to the assessment of development in order to arrive at a classification of disorders. These lines of development are divided into three categories: (1) maturation of drives and ego to the adaptation of environment; (2) development of object relationships; (3) the organization of psychic structure. These lines permit a longitudinal point of view and they are brought into connection with the four general characteristics: (1) level of frustration tolerance; (2) acceptance of substitution such as satisfaction; (3) the child's behavioral attitude toward fear and anxiety; (4) progression and regression rate. Equipped with these criteria, Anna Freud then proposed the following nosology of childhood psychic disturbances:

1. Variations of normality
2. Transitory symptoms, by-products of developmental strain
3. Permanent regressions, analogy to the fixation points and structural (ego superego damage)
   a. Character structure—neurotic, psychotic, delinquent; or
   b. Symptoms—neurotic, psychotic, delinquent
4. Primary deficiencies—retarded, defective, and nontypical personalities
   Organic nature
   Distortions of development and structuralization
5. Organic, toxic, and psychic or unknown destructive processes which have affected or are on the point of affecting disruption of mental growth.

Friend described the difficulty in correlating all of the "conceptualized viewpoints with the verbalized and nonverbalized responses of the children, and furthermore, to correlate the results of the therapeutic efforts." Turning to the future, he used as a model for scientific proposals Sandler's description of the steps made to develop the Hampstead Index. First, there is the need for conceptualization and the building of categories in terms of psychoanalytic theory based on firm observation and theory. This then results in an increased sharpness of perception, for masses of material have to be broken down into units of observation corresponding to units of theory; thereby, gaps in the material and inaccuracies in the understanding are revealed. In the second step, refinement of internal psychoanalytic models in accord with observation highlights theoretical anomalies, and attempts have to be made to resolve them. Thus, the third step consists of the re-evaluation of the original formu-

lations. Friend proposes that such models should be utilized by analysts and the setting up of study groups similar to those which already exist. He cautioned that the demands implied are tremendous and must be indicative of an openness in conceptual thinking and the willingness to modify.

The next paper on "The Diagnostic Dilemma: Disease or Disorder?" was presented by the reporter. There has been general agreement that psychoanalysts are particularly dissatisfied with the present diagnostic categories and systems of classification. Still, it is interesting to note that they have made an impressive contribution to the diagnosis of childhood disorders proper. We are reminded of Spitz's anaclitic depression, Beata Rank's atypical child, Mahler's classic formulation of the autistic-symbiotic disorder, Geleerd's contribution to schizophrenia, Weil's deviational disorders, Alpert's disorders based on maternal deprivation, as well as the contributions of Bowlby, Goldfarb, and many others. Nevertheless, psychoanalysts are particularly reluctant to arrive at a diagnostic formulation in spite of the schema of the structural, genetic, dynamic, and economic points of view which permit an otherwise useful organization of psychic data. The question, therefore, was raised whether our present difficulties stem from still too limited knowledge, or from a limiting point of view. With a shift from the study of disease entities to the study of persons with a disease, the task of classification becomes more complicated. To define mental health is an endeavor which still plagues us; but this shift led to the concept of "dis-orders" and their relationship to the total organism. Such an approach addresses itself to the various capacities for reactions within the organism. The usual localization of a pathology on a psychological chart expressed in our system of psychic structure cannot be successful, since the diagnostic formulation has to take into account changeability—quantitative and qualitative relativity. Changeability in childhood forces us to look toward a conceptualization of underlying processes. An attempt was made to order pathology according to its relationship to development. There are then the following four approaches: (1) development as a measure of health and pathology; (2) developmental disorders; (3) disorders in the continuum between normal conflict and pathology; (4) primary disturbances and their effect on development.

Development as a measure of health and pathology. The first approach is exemplified by Anna Freud's assessment of normality or pathology as presented in her four lectures in New York. It did not attempt to arrive at a diagnosis. She proposed that when the child's development ceases in certain important areas, normality also ceases. Therefore, the task of the function of development is a more important measure for children than is symptom formation, suffering, or insufficiency in performance. Moreover, development has to be seen as extending into time; therefore she proposed formulating lines of development. These are not conceptualized as criteria to test development, but are expressions of development itself. Her four general points are a diagnostic measure, but significantly may either indicate health

or pathology, depending on the relationship of psychic forces at a given time. Neubauer then raised the following questions: (1) If one accepts the equation that normal development equals health, is it possible to suffer from emotional disturbance and maintain normal development? (2) How long a period of time would one allow disorders to remain within the transitional type? (3) What about those disturbances which appear to strengthen development? (4) Have we studied enough children for a concept of normal development which will include a large enough range of individual variations? The importance of the assessment of health or pathology is stressed because it is (i) a preparatory step for arriving at diagnostic categories, and (ii) useful for those in the field of child care who can make this differential statement without being asked to arrive at a diagnosis.

Developmental disorders. This is a term used for disorders of the developmental process itself. This refers to rate of development—accelerated or delayed—or unevenness in development between ego equipment and the rest of psychic structure, or between development and maturation. These clinical pictures are to be separated from those that are reactive in nature, or from internalized conflicts. Such developmental unevenness leads to disharmony between speech, motility, and sensory mode. Disorders of this type may be based on congenital hyperactivity patterns (Fries), variations in drive endowment, or imbalance between drive and ego maturation. Thus, these categories are necessary to delineate primary variables in development from personality disorders due to oedipal and preoedipal conflict formation.

Disorders in the continuum between normal conflict and pathology. This category falls within the province of psychoanalysis proper. The model for it is the relationship between the oedipal phase of development and its extension to the neurotic conflict. It is an attempt thereby to link developmental phase constellations to specific pathological entities dependent upon the degree of factors of predisposition linked to the degree of environmental stress. Erikson offered a most systematic ordering of the correlation between development conflict and its relationship to pathology. He did so in three directions: (i) He attempted to extend the concept of phase sequence to the whole life cycle. (ii) He formulated the outcome of the successful or unsuccessful solution of each phase-specific task. (iii) He introduced the concept of the relationship between individual development and social environment in terms of "mutuality." To parallel the libidinal phases with ego phases, and to correlate these to the social institution in a total life cycle, is a courageous attempt, and in itself an outline for future study programs. Escalona's and Anthony's formulations belong in this category. The models which these authors use are appropriate for those developmental conflicts which follow the example of the neurosis.

Primary disturbances and their effect on development. Under this heading, disorders which have a secondary effect on development are discussed. Here belong *organic conditions* which influence development and produce

an emotional disorder. Certain forms of psychosis are seen as a disorder which cannot alone be explained by regression or fixation on the earliest level of development; regression neither explains the specific disorganization, nor would it take into account the clinical data which indicate that we are dealing with a primary structural disorder. Primary ego deficiency, due to factors still unknown, thereby affects, in turn, the developmental progression.

The work of Frosch was cited, with its attempt to differentiate identifiable basic processes of psychological disorders and to establish those which are specific for the psychosis.

Unless these various relationships between emotional disorders and development are distinguished, there is a danger of using the theoretical model for the neurosis for other psychiatric conditions.

Neubauer then examined the criteria themselves which are employed in our attempt to classify disorders. When we shift from the unreliability of the symptom as a dependent variable to development which has as its main characteristic changeability, the only advantage seems to be that development proceeds in lawful, and therefore predictable sequence. Changeability also has to be considered in connection with modifiability due to environmental changes, treatment intervention, and developmental forces. In order to do justice to systems in change, we need criteria to test the *relativity* between strength of drive and ego, constitutional and environmental forces, drive strength and ego changeability. From the point of view of ego adaptation, Hartmann proposed his four "equilibria," in which he formulates psychic function in terms of balancing of forces. The concept of developmental crisis may have overshadowed the study of the regulatory mechanism of the ego, and de-emphasized the study of the synthetic function of the ego.

With the introduction of the concept of development, and with our capacity to define criteria which will do justice to the continuous dynamic interaction of forces, we may now have a chance to arrive at agreed-upon operational definitions which will lead to new classifications.

In the next paper, Calvin Settlage addressed himself to "Psychoanalytic Theory in Relation to the Nosology of Childhood Psychic Disorders." Reviewing first the difficulties in deriving a nosologic system, he proposed that the major variables which should be taken into account in a nosology are directly or indirectly discernible in the ego and its functions. He believed this to be an advantageous point because: (1) it can utilize observational data, both direct and historical; and (2) it reflects the state of the id-ego-superego equilibrium on the one hand and adaptive capacity on the other.

Thus, the three kinds of conflict mentioned by Anna Freud can be discerned through observation of the ego, i.e., conflicts within the id itself, between the psychic structures, and with the external world. Also, some factors of heredity can be stated in ego terms as innate deficiencies. In sequence, the traumata and problems occurring during psychological development adversely affect psychic structure, intrapsychic integration, intrapsychic equilib-

rium; and these factors subsequently are manifest in ego activity and attempts at adaptation. The ego, therefore, is the hub through which all variables gain expression, and it can provide a basis for a nosological system.

Settlage then referred to early psychoanalytic literature concerning autoplastic and alloplastic adaptation, developing the idea that the ways in which the individual deals with external and internal reality are fundamental and provide a means of helping to distinguish between basic categories of psychic disorder. He offered the following concepts as the basis for nosology:

1. The timing of traumatic experience in relation to the stage of early psychic development will determine whether the disorder will be of the order of psychosis or neurosis.

2. Neurotic character disorder is derived from neurotic types of psychopathology, and psychotic character disorder from psychotic types of psychopathology. (The meaning of these terms, as used in the paper, is explained.)

3. It is possible further to define subtypes of the major categories on the basis of specific defenses and symptoms and the stage of ego and psychosexual development from which they are derived.

Settlage then reviewed the autistic, the symbiotic, and separation-individuation phases of early ego development, and stated that the traumatic experiences occurring before or during the process of differentiation of self from the object world (i.e., before attainment of object constancy) tend to predispose the child to a psychophysiological or psychotic order of mental illness; and traumatic experiences, following the establishment of reasonably stable images of self and object, tend toward a predisposition of a neurotic order.

Having presented his theoretic premises, he then proposed (and further explained and illustrated) nosologic categories in order of increasing severity of psychic disorder: (1) developmental disorders; (2) situational disorders; (3) neuroses; (4) neurotic character disorders; (5) psychotic disorders; (6) psychoses; and (7) psychic disorders in association with organic disorder.

In the general discussion, Reginald Lourie stressed the concept of changeability and the need for processes of assessment which continue during the total treatment program; Friend described the timing of psychological testing in the continuous diagnostic process; Irving Kaufman proposed including the factor of countertransference for diagnostic procedure; Melitta Sperling raised the question of the position of psychosomatic disorders in a classification. She pointed to the clinical finding that the psychological disorder may disappear when the somatic disorder takes over, or the reverse; Robert Prall referred to his study in which the same clinical picture had been diagnosed by various analysts which revealed how each chooses his own criteria and thereby arrives at his own diagnostic preference; Abram Blau pointed out that any nosology asks for simplification of a complex clinical picture, and he suggested that one should consider the difference between acute and chronic disorders.

In the afternoon, Helen Ross reported on her six-weeks visit with Anna Freud at the Hampstead Clinic. She had just returned, and was able to convey to us the spirit of devotion which she found there, accompanied by relentless effort to explore psychoanalytic material for research. I wish that it were possible to relate her full account.

Anna Freud's diagnostic profile is directed toward health. The staff is looking for strength or potentials against which psychopathology can be viewed. Thereby, deviations become visible before reaching the status of pathology, or before they can be classed as symptoms. It is also used in order to assess treatment gains. The group takes an initial and an intermediate profile. The latter shows movement that may have been made in therapy, and points out those aspects that may have been overlooked in assessment. In a termination profile, the whole process is viewed in retrospect.

Every case at Hampstead is a research case. There are sixty-five children presently in analysis, five times weekly. No exceptions are made in regard to the frequency of treatment.

One hundred cases have been indexed and are available for study. The study projects include: the index, psychoanalytic concepts, borderline cases, adolescence and delinquency. Three groups of normal children, a well-baby clinic, a toddler's group with mothers and a nursery school, provide opportunity for study of normal development. In all the work, there is a high degree of articulation.

The concept group has the task of defining each concept as it comes up in the index classifications. The concept is traced through the whole analytic literature, that is, historically, and definitions are added later. This work will be extraordinarily useful when it is made available to psychoanalytic students everywhere.

Helen Ross then spoke of adapting the Hampstead situation to the American scene. If every student could belong to an organization in which research is carried on, this would be fruitful for teaching and the widening of knowledge. At the Hampstead Clinic, the students become deeply engaged in their training, and it is noteworthy how easily and how deeply they become involved in the several projects. This level of research brings the practice of child analysis into its proper status.

A new grant has been made available to support analysis of ten adults at Hampstead; therefore, child and adult analysis can meet under the same theoretical aegis.

"Juvenile Delinquency: Its Place in the Nosology of Childhood Mental Illness," presented by Irving Kaufman, was directed to a closer study of this one disorder. Juvenile delinquency must be subdivided into three groups: (1) antisocial character formation; (2) organic disturbance; (3) psychotic ego disturbances. Following Kate Friedlander's classification, Kaufman and his co-workers refer to the first group as *impulse-ridden character disorder,* which belongs neither to the neurotic nor psychotic class. He suggests the following

framework to classify various syndromes: (i) psychoneurosis; (ii) psychosomatic disorders; (iii) impulse-ridden character disorder delinquents; (iv) psychoses.

He then proceeded to outline a group of characteristics applicable to any syndrome which he and his co-workers have applied to delinquency and have been studying for a long period of time. The areas utilized in this conceptual scheme are: structure, symptom pattern and unconscious motivation, the developmental level achieved by the growing organism, instinctual phenomena, anxiety and affective patterns, object relations and family interactions, ego structure and defense, and superego phenomena. This permits him a full view, and he arrives at a clear picture from which he can then differentiate the group from the other categories proposed. By way of illustration, he offered a colorful vignette of the history of a sixteen-year-old boy who was followed through treatment, and which exemplified the specific complex nature of the delinquency syndrome.

Kaufman also directed his attention to the sociological aspects of juvenile delinquency—particularly significant, since they represent a symptom pattern of interaction with the environment of "taking or attacking." Preoedipal object relations and sadomasochistic attitudes reflect the diadic stage of development.

Reginald Lourie, in his paper, "The Diagnostic Assessment of Children for Psychoanalysis," contended that at this moment a diagnostic profile seems to be the best we can produce in a diagnostic scheme to replace the descriptive nondynamic categories we now have. It is a cumbersome type of long-hand evaluative system. It is a few steps short of the ideal—a shorthand type of diagnostic scheme which covers all of the factors in Anna Freud's pattern of assessment. It is possible, however, that it would lend itself to coding so that its usefulness could be extended to statistical research.

From his experience with the use of the concepts which Anna Freud presented in her New York lecture to establish a diagnostic profile for children, he would like to suggest a reorganization of her categories. First, he has found that in working with trainees, a diagnostic formulation is more clearly understood when it is stated as much as possible in sequential terms. Thus, within each category of development, it seems logical to start with the basic ingredients involved—the biological or constitutional elements. These factors are, indeed, actively included in Anna Freud's formulations, but are usually interspersed with other data or replaced at the end. Historically, there are many reasons why this was necessary. However, there is now wide acceptance of the metapsychological concepts of the instincts, their vicissitudes, and the end results in personality development. There is also a large body of information from the work of Kris, Greenacre, Lampl-de Groot, Benjamin, Richmond, Pavenstedt, Fries, Escalona, Rank, and Murphy, as well as the current work at the Hampstead Clinic itself, which increasingly clarifies the nature and role of the constitutional factors.

Secondly, having defined these basic biological components in the indi-

vidual, they should then be logically linked to the development of the following ingredients of the genetic, structural, and dynamic considerations in order to round out the picture. Then, a "box score" of strengths and weaknesses will provide as objective a picture as possible.

He then applied this scheme to the various categories proposed by Anna Freud. He stressed the concept of lines of development. It represents a mapping out of the child's current functioning. This, combined with the dynamic and structural assessment, gives the most pertinent information about the decision concerning the intensity of the therapy need for alleviation or removal of the disturbance.

The classical psychoanalysis of children grew out of the treatment of severe infantile neuroses. There have been many attempts to apply psychoanalysis to a number of other types of children's disorders ranging from psychosis and delinquency to organic brain damage, with variable results. A review of the results indicates that while there are usually benefits, one must keep in mind the length of the treatment and its cost and investment of analytic time, and balance them off against the expected beneficial results. Therefore, it is suggested that experience with analysis in multiple types of pathology is necessary on a research basis.

Because of the limitation of time, there was only a short discussion. Those who had participated seemed to be stimulated by the new possibilities which were opened by introducing the developmental approach to nosology. The difference between this and the genetic point of view was discussed. In the context of the unfolding processes of development, it is clear that there is no place for a descriptive approach to symptoms.

It was apparent that a good deal of effort will be demanded in order to test the various proposals systematically. These propositions have to be tested, not only by individual investigators, but by means of wide applications to new schemes in order to arrive at more useful classifications. Therefore, collaboration on a long-term basis is a prerequisite for the establishing of new classifications. Furthermore, the need for operational definitions demands agreement among the clinicians on these concepts until further clinical studies give us clues to the nature of various disorders.